# NC Treatment Outcome and Program Performance System (NC-TOPPS) and Person Centered Planning (PCP)

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#### What is NC-TOPPS?

 Key tool in Division's State Plan for Transformation

# Goal is to IMPROVE, not REPROVE

#### What is NC-TOPPS?

- Aids in assessing services for consumers
  - Outcomes Measurement: systematic collection of data

- Aids in improving services for consumers
  - Outcomes Management: use of the data to improve services and attainment of outcomes

# How NC-TOPPS Data are Used?

- Analysis of important topics
- Descriptive information about participating consumers at various points in time
- Comparison of consumers in one program to similar consumers
- Overall outcome results within programs:
  Program performance

# Availability of Data and Reports

 Annual reports can be provided for statewide, LME and provider specific

Online queries

LME and Providers analyze own data

#### What is NC-TOPPS?

- NC-TOPPS is an online interview that is designed to:
  - Provide data that enables programmatic and clinical decision making for the improvement of treatment and services by providers
  - Provide accountability to stakeholders such as consumers, taxpayers, funding entities, and accrediting bodies.

## Purpose:

- To meet federal outcome requirements
  - block grants and National Outcomes Initiative
- To meet NC General Assembly reporting requirements
  - Required Semi-annual report to the Joint Legislative Oversight Committee
- Integrate into LMEs quality improvement systems
- Assist provider agencies in meeting accreditation quality improvement and management criteria

## Why Should I Care?

 Can be used to meet accreditation quality improvement and management criteria

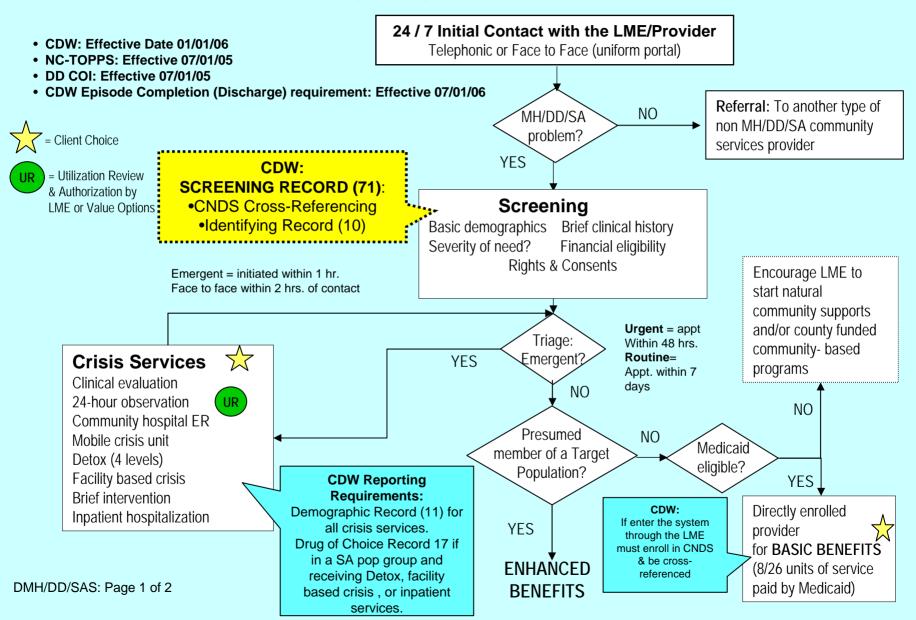
Data you provide is used in reports

 Captures consumer information over an episode of care

## Why Should I Care?

- Completion of NC-TOPPS is a part of the LME-Provider agreement. (flow chart and PCP Admission Form)
- As a clinical tool it is useful in designing and updating Person Centered Plan (PCP)
  - By providing a quick clinical assessment for capturing key points for PCP

### CDW, NC-TOPPS, and COI Reporting Requirements: Access/Screening/Triage/Referral & Crisis Services



CDW, NC-TOPPS, and COI Reporting Requirements: Assessment/ Person-Centered Planning, and Service Delivery All CDW Reporting Presumed NO Requirements. NO Medicaid Demographic Record 11 or member of a Target 31 (as applicable). eligible? Population? Drug of Choice Record 17, if YES applicable. Any consumer YES being served through NON-Directly enrolled UCR \$ or private pay, must also provider for BASIC Community Support / Targeted Case Management send Diagnostic Record (13) BENEFITS (8/26 units or Other Provider Selected (Clinical Home) with ICD-9 diagnosis. Enhanced of service paid by Service recording must follow Medicaid) the Service Records Manual Automatic Authorization for first 30 days = Client Choice Person-Centered Plan **Diagnostic Assessment**  Utilization Review Non-target & authorization by (2 hrs. + with a QP & either including Crisis Plan LME or Value Options MD, PhD, PA, or LNP) UR NC-TOPPS Initial Assessment Initial DD COI NC-TOPPS Initial Assessment or Initial **DD COI** completed within 30 days of 1st service date as **Natural & Crisis Services** part of the PCP development per Crisis Plan community 1st Response = Provider supports (24/7)**Enhanced Benefits per Person-Centered Plan** 2<sup>nd</sup> Response+ LME **NC-TOPPS** Community Support, ACTT, or Targeted Case Management Services (24/7)Update Assessments at 3 **Episode Completion** Adult MH services Adult DD services mo., 6 mo., 12 mo. (Discharge) Record Child MH services Child DD Services and twice annually (Type 12), NCTOPPS Adult SA services CAP-MR/DD thereafter. discharge, and DD-COI Child SA services ICF-MR discharge at the end of State operated facility services and other services current episode of Update **DD-COI** at 6 mo., service (no billable 12 mo., and annually thereafter. service for 60 days) DMH/DD/SAS: Page 2 of 2

#### PCP Consumer Admission Form

- Required to be completed as part of PCP for all Enhanced Benefits Service consumers within 30 days of service initiation
  - Must be submitted to the LME

 Creation of custom database using information from Person Centered Plan (PCP) Consumer Admission Form

#### Who Completes the Interview?

- The provider agency that is considered the consumer's "clinical home".
- The "clinical home" is the agency who is responsible for completing the person centered plan (PCP)
- The clinical home QP completing the PCP is responsible for completing the NC-TOPPS
- https://nctopps.ncdmh.net/NC-TOPPSGuidelinesVersion3.1July06.pdf

## For What Consumers Should NC-TOPPS Be Completed?

 All LME consumers 6 years of age and older who are receiving enhanced benefits (i.e. community support) and enrolled in target populations.

# How Frequently?

- At Intake (completed w/in 30 days of 1<sup>st</sup> service date as part of PCP)
- 3 months
- 6 months
- 12 months
- Every 6 months thereafter
- Transfer
- Episode Completion

NOTE: There is a two week window before and after your target date.

## Accessing the Interview

- http://nctopps.ncdmh.net/
- You will need a clinical ID and password to access the online interview.
- There are also paper versions for reference
- You can practice using the ID "training" and password "training".

### Questions to be answered by Outcomes Information

- What difference has the program made in the lives of participants?
- What can consumers do now that they couldn't do before?
- How have their behaviors, knowledge, skills or attitudes changed?
- What is their status or life situation now, compared to before?